DC Board of Pharmacy and Pharmaceutical Control Update

Reginal Bellamy, PharmD, RPh
Pharmacist Inspector
November 19 & 20, 2016

Objectives

- Describe the roles and functions of the DC Board of Pharmacy and Pharmaceutical Control Division
- Identify Laws and Regulations used by the Pharmaceutical Control Division and Board of Pharmacy
- Discuss current legislation from Board of Pharmacy and Pharmaceutical Control Division

Pre-Test

- What is the difference between the Board of Pharmacy and Pharmaceutical Control Division?
- Where can DC licensed pharmacists obtain 9 free CE credits?
- Where should pharmacists report prescription fraud?
- What is the current status of the Prescription Drug Monitoring Program in the District?
- What is the deadline for Pharmacy Technician registration?

Board of Pharmacy

- The Board of Pharmacy regulates the practice of pharmacy and the practice of pharmaceutical detailing in the District of Columbia.
- The Board advises the Mayor and enforces the law.
- The Board evaluates applicants' qualifications; recommends standards and procedures; issues licenses; and receives and reviews complaints.

Daphne Bernard, PharmD Chairperson	
5	Pharmacists (1 Space Vacant)
2	Consumers

Board of Pharmacy

Pharmacists

Authority to Immunize

Pharmacuetical Detailers

Pharmacist Interns

Pharmacy Technicians

Board of Pharmacy Meeting

First Thursday of every other month

(Feb, Apr, June, Aug, Oct, Dec)

9:30am

899 North Capitol Street, NE

2nd Floor Conference Room

Open to the Public

Pharmaceutical Control Division

Regulate Facilities, ensure medication efficacy, prevent controlled substance diversion.

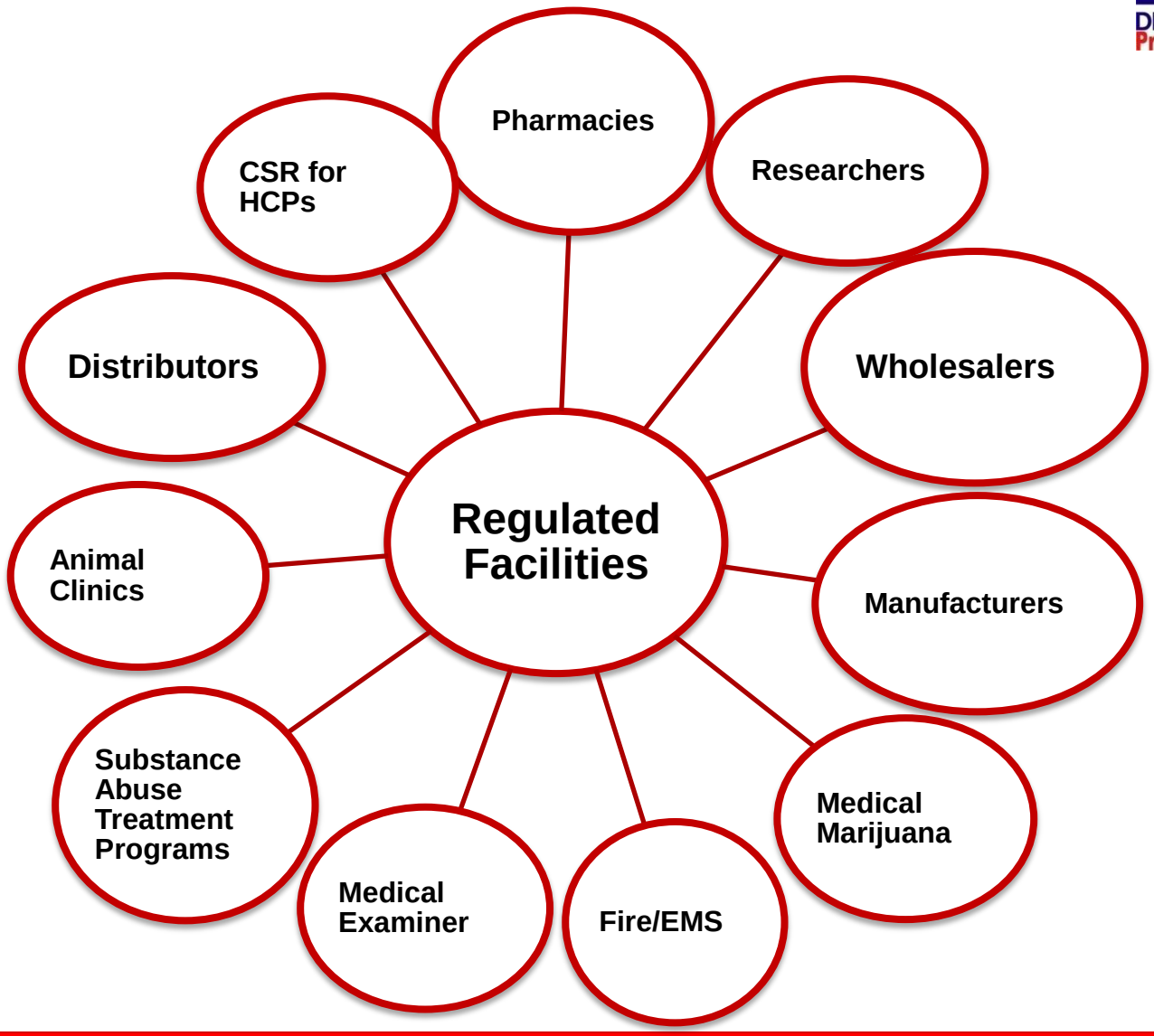
- Compliance
- Licensure
- Center for Rational Prescribing (DCRx)
- Access Rx
- Prescription Drug Monitoring Program
- Patent Medicine Registration
- Yellow Fever Permits
- Prescription Fraud Reporting
- Medical Marijuana Program

Pharmaceutical Control Division

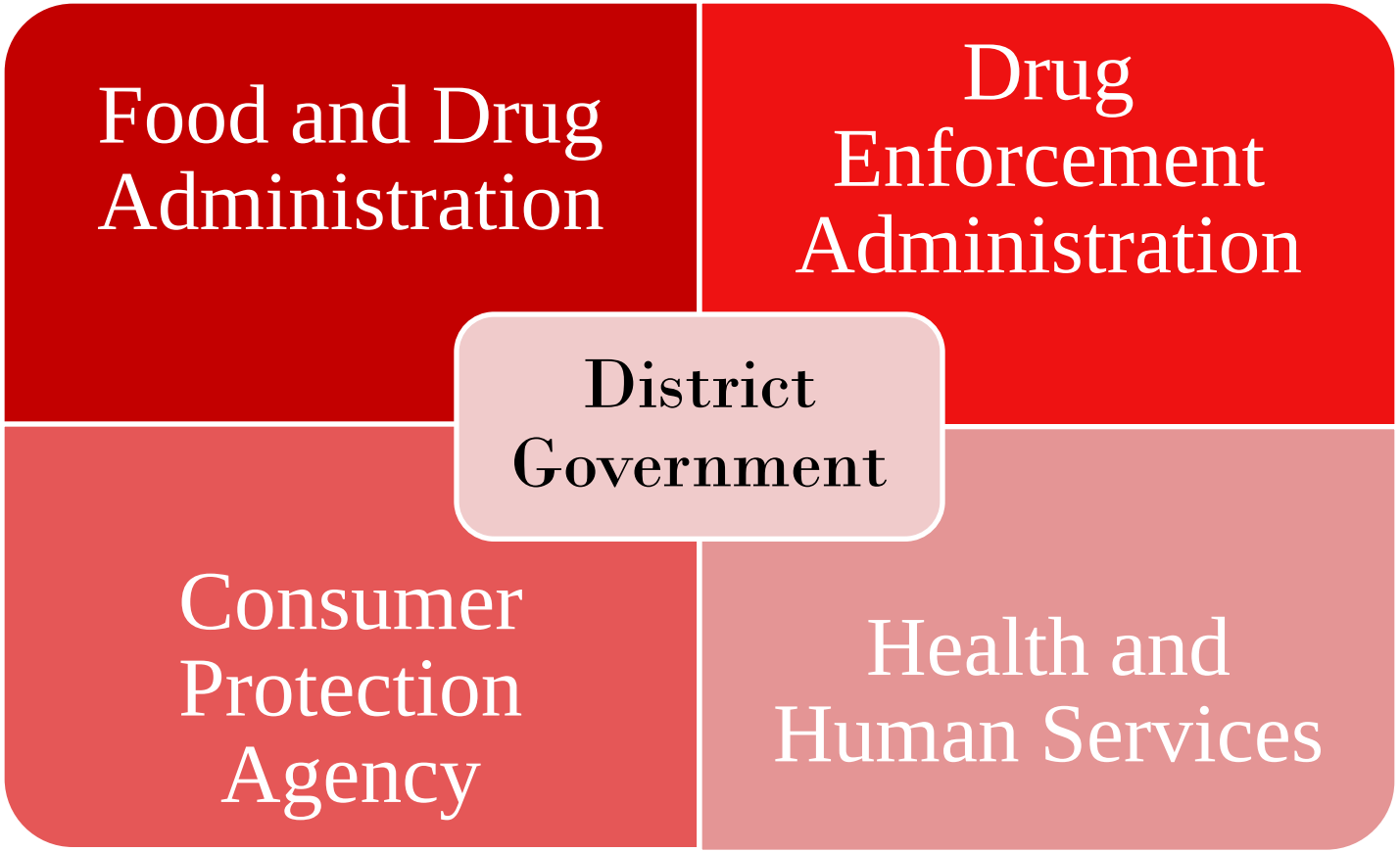
- Conduct routine and complaint driven inspections
- Investigate reports of contaminated or suspect drugs or improper distribution of controlled substances
- Investigate unusual or suspicious reports in drug supply or in the handling of the drug by the professional

Conduct Inspection → Investigate Contaminated Drugs → Investigate Drug Supply

Regulated Facilities Include:



Liaison Role



What's New?

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- Collaborative Practice
- Reporting Fraudulent Prescriptions
- Center for Rational Prescribing
- Prescription Drug Monitoring Program
- Pharmacy Technician

Prescription Fraud Reporting

Purpose: To standardize a process for handling reports of loss, theft, and forgery of prescriptions

- Stolen prescription pads in physician's offices and clinics
- Pharmacies receiving fraudulent prescriptions

Reporting Forms:

- Located on PCD Website
  - http://doh.dc.gov/page/report-loststolenforged-prescription
- Practitioner
- Pharmacy

Educational resources for practitioners and pharmacies

Prescription Fraud Reporting

PCD receives notification:

- Contact complainant for additional information.
- Advise to file a report with Metropolitan Police Department (MPD)
- Complete ALERT letter to District Pharmacies and PCD contacts
- Follow up with MPD
- Generate a memorandum for appropriate Board(s)
- Complete the Forged/ Stolen Prescription Investigation

Center for Rational Prescribing

- DCRx (http://doh.dc.gov/dcrx)
- Non-commercial, independent continuing education along with access to other educational resources
- Choosing treatments based on the best-available evidence and benefits that outweigh harms
- Free to DC licensed healthcare professionals
- Nine CE Courses

Current Modules

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Rational Prescribing in Older Adults

(1 credit)

Medical Cannabis

An Introduction to the Biochemistry and Pharmacology

(1 credit)

Drug Approval and Promotion in the U.S.

(1 credit)

Medical Cannabis

Evidence on Efficacy

(1 credit)

Generic Drugs Myths and Facts

(1 credit)

Medical Cannabis

Adverse Effects and Drug Interations

(1 credit)

Myths and Facts About Opioids

(1.5 credits)

Getting Patients Off of Opioids

(1.5 credits)

Hot Topics

- Prescription Drug Monitoring Program
- Pharmacy Technician Registration

PDMP-Definitions

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Covered Substance

- All drug products containing Cyclobenzaprine or Butalbital
- All controlled substances included in schedules II, III, IV and V

Administer

- The direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by a practitioner (or in the practitioner's presence, by the practitioner's authorized agent) or the patient or research subject at the direction of and in the presence of the practitioner

Dispense

- To distribute a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery

Reporting Period

- The 24 hour time period immediately following the dispensing of a covered substance

PDMP -Definitions Continued

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Prescriber

- A practitioner or other authorized person who prescribes a controlled substance or other covered substance in the course of his or her professional practice

Dispenser

- A practitioner who dispenses a covered substance to the ultimate user

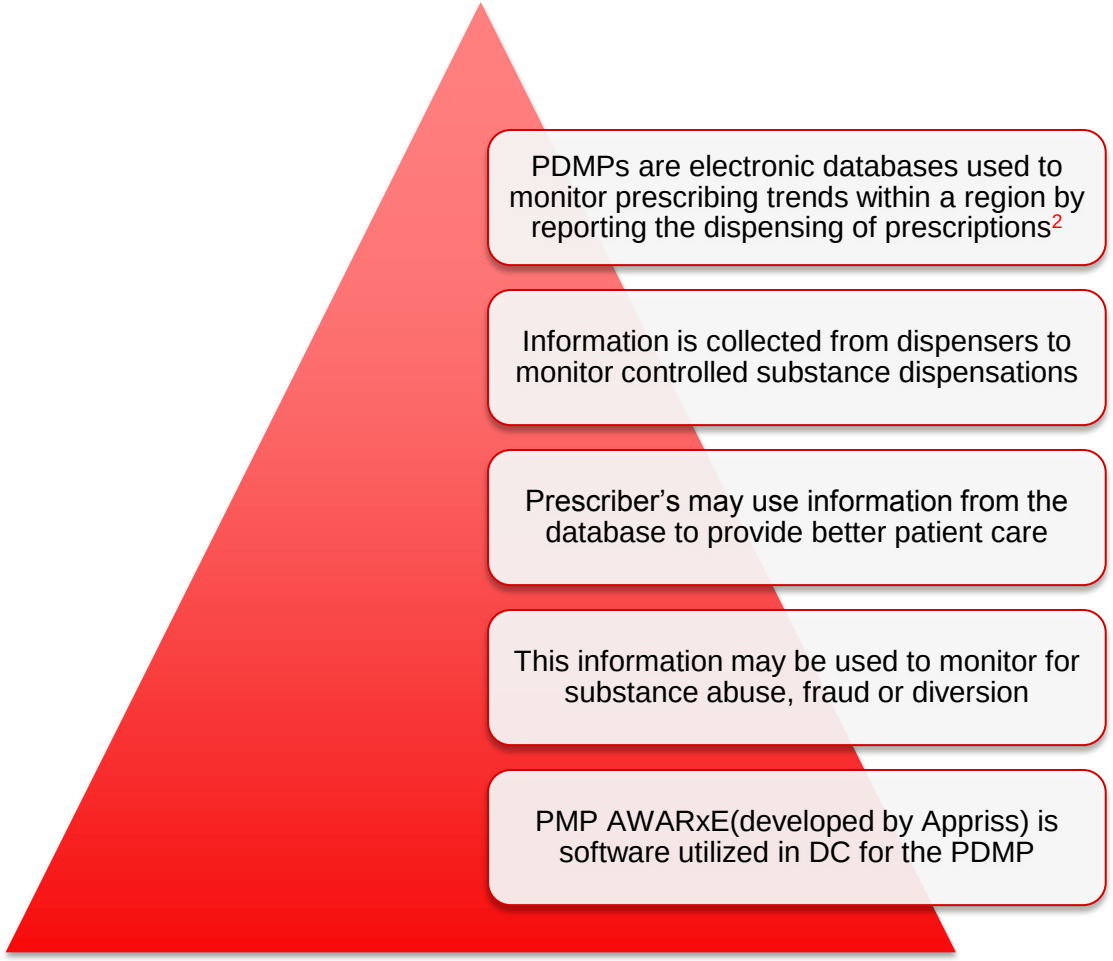
PDMP Advisory Committee

- The multi-discipline committee established pursuant to section 3 of the Act, which functions under the Department to advise the Director on the implementation and evaluation of the District's prescription drug monitoring program

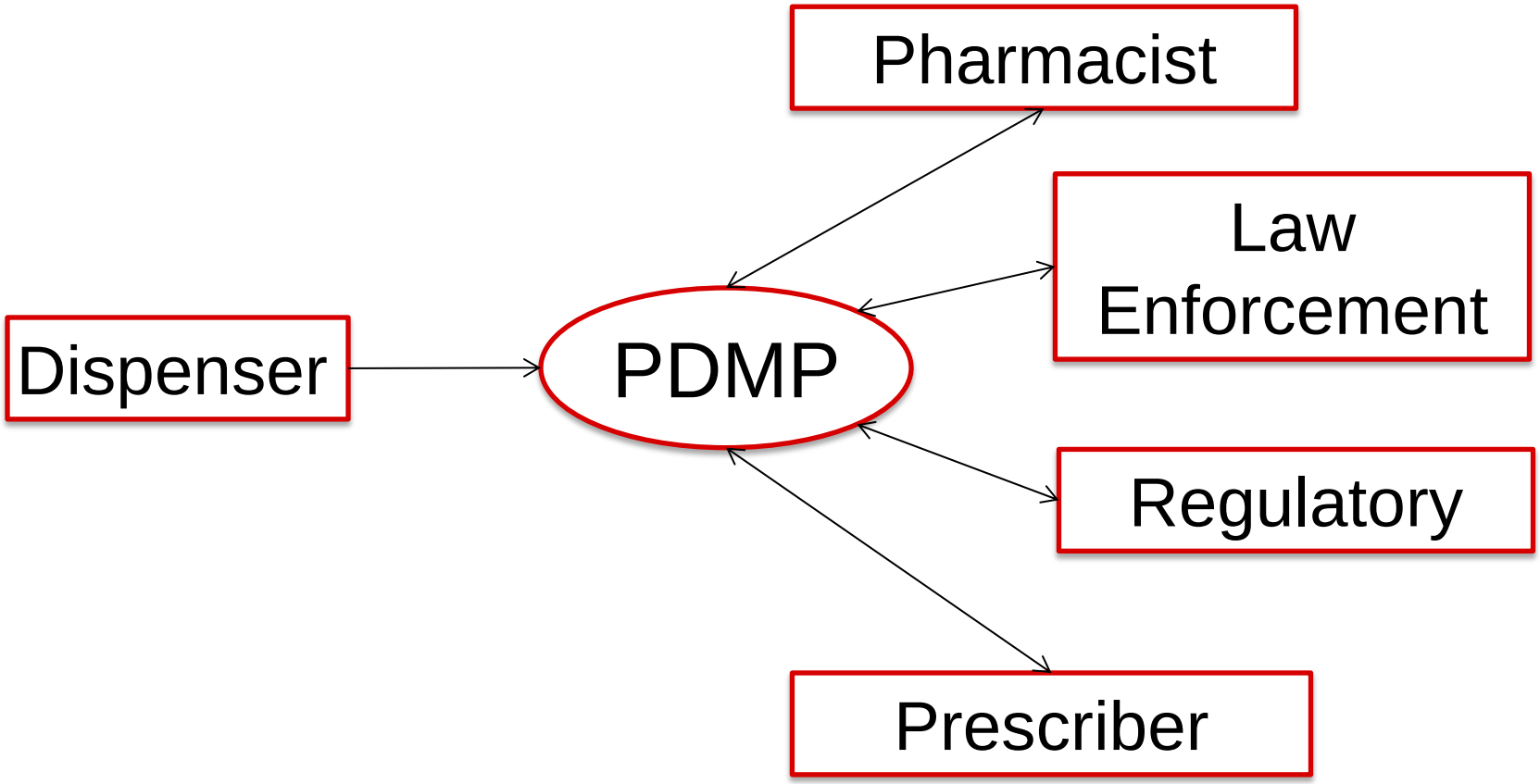
Interoperability

- The ability of that program to share electronically reported prescription information with another state, district, or territory of the United States' prescription drug monitoring program or a third party, approved by the Director, which operates interstates prescription drug monitoring exchanges

What are PDMPs?



System Overview



Interoperability

Below are state PDMPs that can exchange information from one another:

Alaska	Iowa	New Jersey	Tennessee
Arizona	Kansas	New Mexico	Utah
Arkansas	Kentucky	New York	Vermont
Colorado	Louisiana	North Dakota	Virginia
Connecticut	Maryland	Ohio	West Virginia
Delaware	Michigan	Oklahoma	Wisconsin
Idaho	Minnesota	Rhode Island	
Illinois	Mississippi	South Carolina	
Indiana	Nevada	South Dakota	

Timeline

- Listed below is the timeline for the enacting program:

Events	Dates
Stakeholder Meeting on Draft Legislation	February 2012
Legislation Introduced in City Council	September 2012
Committee on Health Hearing	July 2013
Legislation Passed	February 2014
Draft regulations Ready	Fall 2014
Stakeholder Meeting on Draft Regulations	November 2014
Regulation Effective	December 11th 2015
90 Day Notice Sent	May 15th 2016
Program Registration	July 1st 2016
Reporting Begins	August 15th 2016
Database Information Access	October 19th 2016

Individuals Who May Access Database Records

Prescriber

Dispenser

Delegate

Authorized Agent

Patient

Unsolicited Reports

- Reports sent proactively to providers
- Highlights matters of potential inappropriate prescribing
- Aims to proactively reduce drug diversion activity
- Encourages safer patient care

Dispenser Role

- Dispensers are required to report all covered substances dispensed unless exempt
- May access database to analyze patient history of covered substance
- If a correction to the information is needed it must be corrected by the dispenser within 72 hours[8]
- Must give notice at their facility stating that patient information will be sent to the PDMP[6]
- Based on data review, the dispenser can discuss concerns with prescriber and patient

Zero Report

Zero report forms must be completed when covered substances are not dispensed during the reporting period[10]

Due 24 hours after last report

Permanent zero reports may be filed if covered substances will not be dispensed for a prolonged period of time

Permanent zero reports are null upon dispensing of covered substance

Reporting Exemptions

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You are exempt from reporting if you fall into any of the categories listed below:

- Administering covered substances
- Covered substances dispensed in an appropriately licensed narcotic maintenance program
- Covered substances dispensed in a hospital or nursing facilities for inpatient use
- Covered substances dispensed in licensed hospices for inpatient use
- For substantial hardship created by a natural disaster or other emergency beyond the control of the dispenser
- For dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency

Exempted parties must have approval from the program

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

DC PDMP DATA SUBMITTER WAIVER FORM

I request an exemption from reporting to the District of Columbia Prescription Drug Monitoring Program (DC PDMP).

I certify that: (CHECK ONE ONLY)

☐ I represent a DC licensed methadone treatment program or substance abuse treatment pharmacy or facility and therefore am exempt from reporting data, as defined in District of Columbia regulation 10301.5(b).

☐ I represent a DC licensed hospital pharmacy that distributes controlled substances (schedules II-V, cyclobenzaprine; and butalbital), as defined in District of Columbia regulation 10301.5(c), for inpatient hospital care only.

☐ I represent a pharmacy or facility that dispensing covered substances to inpatients in hospices licensed or certified by the Department, as defined in District of Columbia regulation 10301.5(d)

☐ I represent a pharmacy or a facility that never possesses or dispenses controlled substance (schedules II-V), or cyclobenzaprine and butalbital, as defined in District of Columbia regulation 10302.1(a)(b) prescriptions and request a permanent zero report, as defined in District of Columbia regulation 10304.

☐ I represent a dispensing facility that is experiencing a hardship created by a natural disaster or other emergency beyond the control of the licensee, as defined in District of Columbia regulation 10305.2(a). Please provide description in a separate document:

☐ I represent an ongoing controlled research project or clinical trial approved by a regionally accredited institution of higher education or under the supervision of a governmental agency, as defined in District of Columbia regulation 10305.2(b). Please attach a description of the research project.

Comments: _____

(Please limit to 60 characters, including spaces)

I further certify that if this pharmacy or facility begins to dispense controlled substance (schedules II-V), cyclobenzaprine, or butalbital prescriptions that qualify for reporting under the provisions of District of Columbia regulation 10302.1(a)(b), I will immediately notify the DC PDMP and will commence reporting immediately.

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

Facility Name	DC License Number
Facility Street Address	DC Controlled Substance Number
City, State, Zip	DEA Number
Representative Name (Printed)	Phone Number
Title	Email address
Signature	Date

Requests and questions should be submitted to the DC PDMP via email or fax. Upon receipt of a complete Waiver, the Program may take up to thirty (30) business days to process and respond.

E-mail: doh.pdmp@dc.gov Fax: 877-862-4252

The Program may grant exemptions and waivers on a case-by-case basis, which shall be subject to the terms and conditions stated the waiver, limited to a specified time period, and subject to being vacated. Licensees must reapply to renew waivers Denial by the Program of a request for a waiver shall be deemed a final Department action. A dispenser whose request for a waiver is denied m seek review of the final Department action in the Superior Court of the District of Columbia within twenty (20) days after receipt o the notice. The review shall be an on the record review of the decision, and not a de novo review.

For Government Use Only

Date Received (mm/dd/yy)	☐ Approved ☐ Denied	Term (mm/dd/yy)	Expiration Date (mm/dd/yy)	Director or Designee Signature	Date of action (mm/dd/yy)

Reason for denial: _____

(Please limit to 60 characters, including spaces)

899 North Capitol St., NE, 2nd Floor, Washington, DC 20002 (855) 932-4767 (phone), 877-862-4252 (fax)
Website: http://doh.dc.gov/pdmp; email: doh.pdmp@dc.gov
Rev.6.1.2016

Consequences for Failing to Report Covered Substances

- Revocation, suspension, or denial of a District of Columbia controlled substances registration
- Disciplinary action by health occupation board
- Civil fines

Delegate Role

- Delegates are employees who work with prescribers or dispensers and will have access to the PDMP
- May include pharmacy technicians and nurses
- Prescribers and dispensers are responsible for ensuring compliance of delegates with following the protocols of the PDMP
- Supervising prescribers or dispensers may have up to two delegates

Applying to be a Delegate

Registration Requirements

- Must be licensed, registered or certified by a health occupation board
- Must be employed at the same location and under the direct supervision of the prescriber or dispenser
- Separate applications for delegate registration

Registration Process

- Application must include individual license, registration or certification number and a copy of another government issued identification
- Application must be co-signed by supervising prescriber or dispenser

Expiration of Registration

- Registration for delegates expires June 30th of every even numbered year
- If the delegate becomes ineligible the program must be notified in writing within 24 hours

Delegate Registration

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Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

DELEGATE PDMP REGISTRATION FORM

INSTRUCTIONS

A prescriber or dispenser authorized to access prescription monitoring data may delegate his or her authority to access the data to up to two (2) health care professionals who are:

- Licensed, registered, or certified by a health occupations board; and
- Employed at the same location and under the direct supervision of the prescriber or dispenser.

Registration Steps:

- ☐ Complete the entire form. All fields are required unless marked "optional."
- ☐ Include the individual's health occupations board issued license, registration, or certification number,
- ☐ Include a copy of a non expired government issued identification.

https://districtofcolumbia.pmpaware.net.

Registration as a delegate shall expire on June 30th of each even-numbered year or at any time the agent leaves, or otherwise becomes ineligible to receive information from the Program.

Submission type:	Steps…

Upload	• Complete the form and sign
	• Electronically scan the signed form
	• Save the scanned file to your computer
	  ○ Name file as follows: delegate's "*lastname_First Initial_Date (mm.dd.yyyy)*"
	  ○ Example: **Doe_J_10.12.2015**
	• Email the completed form to the DC PDMP inbox at doh.pdmp@dc.gov
	• Registration request that do not conform to these steps will not be accepted for processing

Registrations will generally be processed within 14 business days.

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

REQUESTING DELEGATE – All fields in this section are required

DC rules governing delegate access to Prescription Drug Monitoring Program data can be found at 17 DCMR § 10306.7

1. Name: _____ _____ _____ _____
   First Middle Last Suffix
2. Position/Title: _____/_____ Health Occupation Board License Number: _____
3. Primary work location: _____
   Street address City Zip
4. Office Phone: (____) _____-_____ Email: _____
5. Supervisor's Name: _____ Supervisor's Email: _____
6. Supervisor's Office Phone: (____) ____-_____

By checking the items below and signing this form, I understand that PDMP information shall only be accessed on an existing or new patient for the purpose of:

- ☐ Establishing a prescription history to make informed treatment or dispensing decisions;
- ☐ The medical care or treatment of the patient about whom prescription monitoring data is being requested; or
- ☐ Performing due diligence and exercising professional judgment when presented with a prescription to dispense a covered substance for use by the patient about whom prescription monitoring data is being requested.

Signature of Requesting Delegate: _____ **Date:** _____

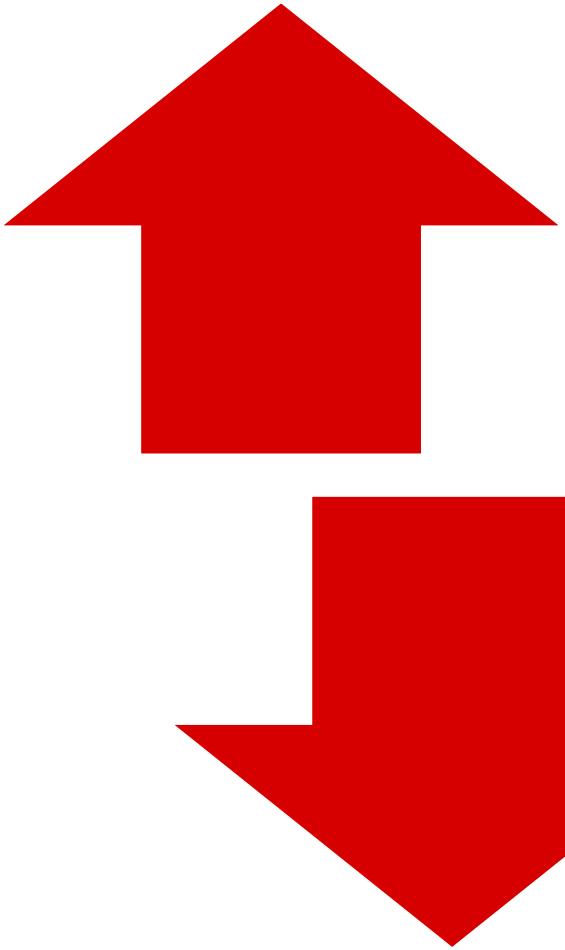
Signature of Requesting Official's Supervisor: _____ **Date:** _____

- ☐ As the supervisor, I attest that the applicant is my designated delegate and confirm that the applicant is eligible to review PDMP reports.

REQUESTS THAT ARE UNSIGNED, OR INCOMPLETE WILL BE REJECTED.

899 North Capitol St., NE, 2nd Floor, Washington, DC 20002, 202-724-8800, 877-862-4252 (fax)
http://doh.dc.gov/pdmp Rev.9.26.16

Information Request from Law Enforcement



Valid Reason for Release of Information

- Related to a specific criminal investigation
- Agency case number or other identifier needed to identify an individual investigation
- Specified time period to be covered
- Specific patient, prescriber or dispenser for whom the report is for
- Name, title and original signature of the official under whose authority the request is made

The information requested may not be used for the following:

- Discovery
- Subpoena
- Other means of legal compulsion in civil litigation

Law Enforcement and Regulatory Registration

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Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

LAW ENFORCEMENT REGULATORY REQUEST FOR PRESCRIPTION REPORT

DC rules governing disclosure of DC Prescription Drug Monitoring Program data for law enforcement and regulatory purposes can be found at 17 DCMR § 10307

REQUESTING OFFICIAL – All fields in this section are required

1. Name: _____ _____ _____ _____
First Middle Last Suffix

2. Title: _____ _____ IBM/Sequence Number: _____

3. Case Number: _____

4. By initialing each of the following, I attest that the statements are true and correct to the best of my knowledge.

____ As the requesting official, I attest that I am either a law enforcement or regulatory official engaged in an ongoing investigation.

____ I attest that I am requesting the following information as part of an existing bona fide investigation, to which I have been assigned, in which a report of suspected criminal activity involving a patient, prescriber or dispenser has been made.

____ I attest that the information sought is relevant and material to such investigation and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

REPORT DETAILS – All fields in this section are required.

5. Date Range for Report: From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

6. Please check the PDMP profile being requested: ☐ Patient ☐ Prescriber ☐ Dispenser

PATIENT INFORMATION – Complete this section only "Patient" profiles.

7. Full Name: _____ _____ _____
Last/Family First Middle

8. Address (optional): _____

_____ _____ _____
City State Zip

9. Date of Birth (month/day/year): _____

{CONTINUE}

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

10. Does the patient use any other names, addresses, or birthdates (optional)? ☐ Yes ☐ No If yes, list below:

_____

PRESCRIBER/DISPENSER INFORMATION – Complete this section for "Dispenser/Prescriber" profile requests. Both fields are required.

11. Dispenser Full Name: _____
(Example: ACME PHARMACY or JOHN DOE, M.D.)

DC CSA Number: _____ DEA Number: _____

12. Prescriber Full Name: _____
(Example: ACME PHARMACY or JOHN DOE, M.D.)

DC CSA Number: _____ DEA Number: _____

13. By checking the items below and signing this form, I certify that I agree and understand:

☐ Prescription monitoring data received from the Program shall not be further disclosed and the prescription data shall only be used in accordance with the law;

☐ All prescription monitoring data collected, maintained, or submitted pursuant to this Program is confidential, privileged, not subject to discovery, subpoena, or other means of legal compulsion in civil litigation, and is not a public record;

☐ The prescription monitoring database may contain errors resulting from the reporting of information received. Independent verification of patient information with pharmacies and prescribers may sometimes be prudent or necessary.

Signature of Requesting Official: _____ **Date:** _____

Signature of Requesting Official's Supervisor: _____ **Date:** _____

REQUESTS THAT ARE UNSIGNED OR INCOMPLETE WILL BE REJECTED.

Law Enforcement and Regulatory Data Request Form

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

INSTRUCTIONS

The District of Columbia Prescription Drug Monitoring Program (PDMP) may provide reports for law enforcement or regulatory purposes. An individual shall be registered with the Program as an authorized agent to receive reports.

A request for registration as an authorized agent shall be accompanied by:

- An attestation from the applicant's employer confirming the identity of the applicant and the applicant's eligibility to receive the reports; and
- An attestation from the applicant that the prescription data will not be further disclosed and will be used only for the purposes stated in the request and in accordance with the law.

Registration Steps:

- ☐ Complete the entire form. All fields are required unless marked "optional."
- ☐ Both the requestor and the requestor's supervisor must sign the form.
- ☐ The form may only be submitted by uploading the completed form to the DC PMP AWARxE database at https://districtofcolumbia.pmpaware.net.

Registration as an authorized agent shall expire on June 30th of each even-numbered year or at any time the agent leaves, or otherwise becomes ineligible to receive information from the Program.

LAW ENFORCEMENT PDMP REGISTRATION FORM

Submission type:	Steps...
Upload	• Complete the form and sign • Electronically scan the signed form • Save the scanned file to your computer. • Upload the form to the DC PDMP AWARxE database at https://districtofcolumbia.pmpaware.net • Registration request that do not conform to these steps will not be accepted for processing.

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division
Prescription Drug Monitoring Program

LAW ENFORCEMENT REGULATORY REQUEST FOR PRESCRIPTION REPORT

DC rules governing disclosure of DC Prescription Drug Monitoring Program data for law enforcement and regulatory purposes can be found at 17 DCMR § 10307

REQUESTING OFFICIAL – All fields in this section are required

1. Name: _____ _____ _____ _____
   First Middle Last Suffix
2. Title: _____ _____ IBM/Sequence Number: _____
3. Law Enforcement/Agency Name: _____
4. Office Phone: (____)____-_____ Email: _____
5. Supervisor's Name: _____ Email: _____
6. Supervisor's Office Phone: (____)____-_____

By checking the items below and signing this form, I certify that I agree and understand:

- ☐ Prescription monitoring data received from the Program shall not be further disclosed and the prescription data shall only be used in accordance with the law;
- ☐ All prescription monitoring data collected, maintained, or submitted pursuant to this Program is confidential, privileged, not subject to discovery, subpoena, or other means of legal compulsion in civil litigation, and is not a public record;
- ☐ The prescription monitoring database may contain errors resulting from the reporting of information received. Independent verification of patient information with pharmacies and prescribers may sometimes be prudent or necessary.

Signature of Requesting Official: _____ **Date:** _____

Signature of Requesting Official's Supervisor: _____ **Date:** _____

- ☐ As the supervisor, I attest that the applicant is a law enforcement or regulatory official and confirm that the applicant is eligible to receive PDMP reports.

REQUESTS THAT ARE UNSIGNED, OR INCOMPLETE WILL BE REJECTED.

Patient Request

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Patients may request data

- Must have a copy of a government photo identification upon request
- PDMP must receive notarized signature of requesting party

Patients under 18 years old

- Information may only be released to parent or legal guardian
- Identification and signature are still needed

Research Use

- Information from the program may be used for research purposes upon request
- Data elements that identify a specific patient, prescriber or dispenser will be removed before disclosing (de-identified data)
- Request must contain the researcher's credentials, written proposal or abstract explaining the purpose and scope, analysis, education or study plan to ensure validity of request
- Must have signed agreement between requestor and PDMP
- Researchers may be charged a processing fee for obtaining reports

Discretionary Disclosures

- The program may also disclose information to the following parties:
  - Department of Health Care Finance
  - Medicaid Fraud Control Unit
  - Office of the Inspector General
  - Office of the Chief Medical Examiner
- Disclosure request must be submitted on a Regulatory Prescription Report form
- Reports are specific to an investigation or regulatory proceeding for a specific dispenser or prescriber

Learning Question

Which of the following would be a legitimate reason for a prescriber to access the PDMP database?

A) The prescriber would like to see if his mother-in-law is using controlled substances.

B) A new patient comes in complaining of pain and requests an opioid stating "They are the only drugs that have worked for me".

C) The prescriber would like to see if the patient has been picking up his antihypertensive medications from the pharmacy regularly.

D) A patient returns to the doctor's office because he could not get his prescription filled.

Learning Question Answer

Which of the following would be a legitimate reason for a prescriber to access the PDMP database?

A) The prescriber would like to see if his mother-in-law is using controlled substances

B) A new patient comes in complaining of pain and requests an opioid stating "They are the only drugs that have worked for me".

C) The prescriber would like to see if the patient has been picking up his antihypertensive medications from the pharmacy regularly.

*D) A patient returns to the prescriber's office because he could not get his prescription filled

Learning Question 2

Determine if the statement is True or False.

Prescribers or dispensers may have up to four delegates each.

Learning Question 2

Determine if the statement is True or False.

Prescribers or dispensers may have up to four delegates each.

False

A prescriber or dispenser may have up to 2 delegates.

Pharmacy Technician: Registration Designations

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Registration with the board falls under three different designations:

- New Registrant
- Reciprocity
- Grandfathering

New Registrant: Registration Requirements

- To register, applicants must have:
  - Obtained a high school diploma or its equivalent
  - Obtained a current certification from:
    - The Pharmacy Technician Certification Board (PTCB); or
    - The National Health Career Association (formerly ICPT); or
    - Another state certifying organization approved by the Board; or

New Registrant: Registration Requirements

- To register, applicants must have (continued):
  - Completed one of the following types of Board approved pharmacy technician training programs:
    - A Board recognized national, regional, or state accredited pharmacy technician program
    - A pharmacy technician training program at an accredited college or university
    - An employer-based pharmacy technician training program
    - A pharmacy technician training program that meets the guidelines of the American Society of Health-Systems Pharmacists (ASHP) and is licensed by the District Educational Licensure Commission

New Registrant: Application Requirements

- To apply, the applicant must submit to the board:
  - A completed application consisting of the following:
    - Social Security Number, or:
      - Proof that he or she is legally authorized to be in the United States (e.g., Citizenship, Resident Alien Card) with a sworn affidavit stating he or she does not have a social security number
    - Two recent passport-type photographs (2” x 2”)
    - A photocopy of U.S. Government-issued photo ID
    - A criminal background check

Registration by Reciprocity

- An individual holding an active pharmacy technician registration in another state, shall apply for registration by reciprocity as follows:
  - Submit proof of current licensure, registration, or certification in good standing from state of origin
  - Obtain verification from each state that the applicant holds or has ever held a pharmacy technician registration that the license is current and in good standing. Or, if no longer active, that it was in good standing prior to its expiration. The registration verification form must be sent directly to the Board.
  - Undergo a criminal background check

Registration by Grandfathering

- For registration to be grandfathered:
  - The applicant is at least 17 years of age: and
  - Submits proof that he or she has worked as a pharmacy technician for at least 24 consecutive months immediately prior to the effective date of the act (11/20/15); and
  - A licensed pharmacist who has supervised the applicant for at least 6 months immediately prior to the date of application must attest in writing that the applicant has competently performed technician duties; or
  - Demonstrates to the satisfaction of the Board that the applicant has been performing the function of pharmacy technician on a full-time or substantially full-time basis continually for at least 24 months immediately preceding the effective date of the Act and is qualified to do so on the basis of pertinent education, training, experience, and demonstrated current experience
  - Technicians eligible for registration in this manner must do so within 1 year of the effective date of these regulations*

Term of Registrations

- Registration expires at 11:59 pm of February 28th of each odd-numbered year

Pharmacy Technician: Trainee

New pharmacy technicians are designated as “trainees” while undergoing their training. Pharmacy technician trainees must be registered with the board while they complete their training.

Registration for Technician Trainees

- A person should register with the Board as a pharmacy technician trainee within thirty (30) days after beginning an employer-based pharmacy technician program recognized by the Board
- Non-employer-based pharmacy technicians in training shall register with the Board as a trainee prior to performing duties of a trainee in the pharmacy
- Pharmacy technician trainee registration shall expire one year from the date of issuance and should not be renewed
- A registered technician trainee may provide the pharmacy technician functions under the direct supervision of a licensed pharmacist

Pharmacy Technician Trainee: Registration Requirements

- To be eligible to register as a trainee, a registrant shall:
  - Be at least 17 years of age
  - Have a high school diploma or its equivalent; and
  - Be enrolled in a Board-approved pharmacy technician training program or employed in a pharmacy as a pharmacy technician trainee

Pharmacy Technician Trainee: Application Requirements

- To apply, the applicant must submit a completed application which includes the following:
  - Social security number (or certificate of citizenship)
  - Two recent passport photographs (2” x 2”)
  - U.S. Government-issued photo ID
  - A criminal background check

Registration: General Information

- Applications will be available online
- Initial payment will only be accepted through check or money order
- Renewal payment will be available online with payment accepted via credit card
- If applicant changes address they are required to notify the Board within 30 days of the change.

Continuing Education: Requirements for Renewal

- **Complete a minimum of 20 contact hours of CE credits during the two-year period preceding the date the registration expires.** A maximum of 10 contact hours may be earned by completing a relevant college level course with grade "C" or better.
  - 1 semester hour = 10 contact hours
  - 1 quarter hour = 5 contact hours
- Contact hours shall include:
  - 2 hours in pharmacy law
  - 2 hours in medication safety
- Attest to completion of the required CE credits on the renewal application form
- And be subject to random audit
- An applicant has up to 60 days after date of expiration to renew their registration, if not, they will be required to apply for reinstatement of an expired registration

Continuing Education: Accepted Topics

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- For the purposes of this section, pharmacy-related subject matter shall include, but not be limited to, the following topics:

- Medication Distribution
- Inventory Control Systems
- Pharmaceutical Mathematics
- Pharmaceutical Sciences
- Pharmacy Law
- Pharmacology/Drug Therapy
- Pharmacy Quality Assurance
- Roles and Duties of a PT

Continuing Education: Technician Audit

- Individuals registered with the Board as pharmacy technicians are subject to random audit.
- For an audit, the registrant shall prove completion of required CE credits by submitting the following:
  - The name and address of the sponsor of the program;
  - The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
  - The dates on which the registrant attended the program;
  - The hours of credit claimed; and
  - Verification by the sponsor of completion, by signature or stamp.

Continuing Education: Resources

- A list of approved continuing education programs may be found on the ACPE* website at:
  - https://www.acpeaccredit.org/pharmacists/programs.asp
- CE hours may be submitted through the CPE monitor on the NABP website:
  - http://www.nabp.net/programs/cpe-monitor/cpe-monitor-service/
- Applicant is responsible for keeping track of his or her CE hours

*Accreditation Council for Pharmacy Education

Continuing Education Programs: Approval by the Board

- To qualify for approval, CE programs shall be a structured educational activity that provides subject matter set forth in 9907.5 and shall include the following:
  - Programs offered by an ACPE* provider;
  - Programs approved by other Boards of Pharmacy: or
  - Programs offered by an institution of higher learning recognized by an accrediting body approved by the Secretary of the United States Department of Education

*Accreditation Council for Pharmacy Education

Pharmacy Technician Training Programs: Requirements for Approval

- To be approved, pharmacy technician training programs shall have the following:
  - A minimum of at least 160 hours of practical experience
  - The program should not be longer than one year
  - A pharmacy technician training director that is qualified by education or experience.
  - Program approval shall expire 5 years from date of issuance.
  - Any changes in the program must be reported to the Board within 30 days
  - Records of participants must be maintained for 5 years on site or at another location
  - A program shall provide a certificate of completion to participants who successfully complete the program and provide verification of completion of the program for a participant upon request by the Board.

Pharmacy Technician Training Programs: Required Instruction

- Roles and responsibilities of the pharmacy technician
- Knowledge of prescription medications
- Knowledge of strengths or doses, dosage forms, physical appearance, routes of administration, and duration of drug therapy
- The dispensing process
- Pharmaceutical calculations
- Interacting with patients
- Third-party prescriptions
- Sterile and non-sterile compounding

Pharmacy Technician Training Programs: Required Instruction Areas (Continued)

- Requirements and professional standards for: preparing, labeling, dispensing, storing, prepackaging, distributing, administration of medication
- Confidentiality
- Drugs used to treat major chronic conditions
- Federal and District laws and regulations governing controlled substances and the practice of pharmacy
- Knowledge of special dosing considerations for pediatric and geriatric populations

Pharmacy Technician Training Programs: Examination Requirements

- Examinations must:
  - Include a minimum of ninety (90) multiple-choice questions
  - Include sufficient additional questions so that the examination questions may be rotated twice a year
  - Require a passing score of seventy-five percent (75%) or higher
  - Shall be certified as psychometrically valid

Board of Pharmacy: Roles and Responsibilities

- Approve applications for:
  - Pharmacy Technicians
  - Pharmacy Technician Trainees
  - Pharmacy Technician Education Programs

Pharmacies: Responsibilities

- Pharmacy technician and trainee should be wearing a name tag bearing the title "registered pharmacy technician" or trainee and display his or her current registration in the pharmacy

- No pharmacist shall supervise more pharmacy technicians and trainees than he or she can safely supervise

- Every pharmacy that uses a person as a pharmacy technician trainee should have documentation on site of the pharmacy showing the person is currently enrolled in a Board approved training program

Scenario #1

Karen has been working as a pharmacy technician for over ten years. She recently hears that all technicians will be required to register with the Board of Pharmacy and wants to know what she would need to complete her registration.

What requirements must Karen meet in order to register?

What are the three different types of registrations pertaining to pharmacy technicians?

Scenario #1: Answer

- Karen can be Grandfathered in:
  - She must submit proof of working as a tech for at least 24 months and
  - A licensed pharmacist that has supervised her for at least 6 months must attest in writing that she has competently performed the functions of a pharmacy technician

- Three types of registration:

new registration, registration by reciprocity, registration by grandfathering

Scenario #2

James is a licensed pharmacy technician in Arizona. He has recently decided to move to Washington, DC, and wants to continue working as a technician. He was wondering if he could start working since he has already been licensed in Arizona.

Is James eligible to start working? If not, what type of registration should he submit to begin working?

Scenario #2: Answer

- James is not eligible to start working right away. He must register by reciprocity.

Post Test

- What is the difference between the Board of Pharmacy and Pharmaceutical Control Division?
- Where can DC licensed Pharmacist obtain 9 CE credits?
- Where should Pharmacist report prescription fraud?
- What is the current status of the Prescription Drug Monitoring Program in the District?
- What is the Deadline for Pharmacy Technician Registration?

Where can I find this?

- DC Municipal Regulations and DC Register www.dcregs.dc.gov
- DC Board of Pharmacy webpage http://doh.dc.gov/bop
- DC Pharmaceutical Control webpage http://doh.dc.gov/pcd

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Health Regulation and Licensing Administration
Board of Pharmacy and Pharmaceutical Control

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http://doh.dc.gov/pcd

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QUESTIONS?